

1124

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Apache</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>1</u>
District	<u>St. Johns</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>14</u>
Town	<u>St. Johns</u>		Local Registrar's - No. <u>14</u>
City	<u>St. Johns</u>	No. _____	St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)			
2. FULL NAME <u>William Waley Berry</u>			
(a) Residence. No. _____		St. _____ Ward _____	
(Usual place of abode)			
Length of residence in city or town where death occurred <u>45</u> yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
<u>Male</u>	<u>Caucasian</u>	<u>Married</u>	
(Write the word)			
6a. If married, widowed, or divorced			
HUSBAND of <u>Rachel Emma Allen Berry</u>			
(or) WIFE of _____			
6. DATE OF BIRTH (month, day and year)			
7. AGE	Years	Months	Days
<u>67</u>	<u>7</u>	<u>12</u>	<u>12</u>
IF LESS than 1 day hrs. or min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Cattlemen</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Spanish Fork</u>			
(State or Country) <u>Utah</u>			
10. NAME OF FATHER <u>John W. Berry</u>			
11. BIRTHPLACE OF FATHER <u>Waco, Tex.</u>			
(State or country)			
12. MAIDEN NAME OF MOTHER <u>Jane Cook</u>			
13. BIRTHPLACE OF MOTHER <u>Dallas Co. Minn.</u>			
(State or country)			
14. Informant (Address) _____			
15. Filed <u>4/9</u> 19 <u>25</u> <u>Walter Riden</u> Local Registrar.			
V. S. No. 1 _____ County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>Mar. 1<sup>st</sup> 1925</u>			
17. I HEREBY CERTIFY, That I attended deceased, from _____			
<u>Saw deceased at request</u>			
that I last saw him alive on _____, 19____.			
and that death occurred, on the date stated above, at _____ m.			
The CAUSE OF DEATH* was as follows:			
<u>Automobile overturning</u>			
(duration) <u>Sudden death</u>			
CONTRIBUTORY (secondary) _____			
(duration) _____ yrs. mos. da.			
18. Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>No</u> date of _____			
Was there an autopsy? <u>Examination</u>			
What test confirmed diagnosis? <u>Witnesses</u>			
Signed <u>J. J. Bonedine</u> M. D.			
(Address) <u>St. Johns Ariz.</u>			
* State the Disease Causing Death, or if death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL	
<u>St. Johns</u>		<u>March 4<sup>th</sup> 25</u>	
20. UNDERTAKER		ADDRESS	
		<u>St. Johns Arizona</u>	